



Advising the Congress on Medicare issues

Communicating with beneficiaries and shared decision-making

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Key findings

- To best communicate with beneficiaries, Medicare must take into account how they learn and when information is most useful
- Shared decision-making may help reduce unwarranted variation in use of discretionary services but is challenging to implement

What is health literacy?

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” – Institute of Medicine

- Adults aged 65 and older had lower health literacy than younger adults
- Adults receiving Medicare or Medicaid had lower health literacy than adults with privately-purchased or employer-provided insurance

Elderly adults with poor health literacy:

- Were more likely to be in poor physical and mental health
- Knew less about their chronic disease
- Were less likely to receive preventive care
- Were hospitalized more

How does low health literacy affect decision-making?

- More likely to get information on health issues from radio and television
- More likely to want to delegate insurance coverage decisions
- View more information and options as unwelcome burdens

How does patient-provider communication affect decision-making?

- Multiple modes of communication may be one way to address the demographic and cognitive issues of Medicare beneficiaries
- Providers tend to emphasize pros over cons of a treatment decision
- Patients' goals are not always what the provider assumes

The patient-provider disconnect

- Researchers identified key facts and goals for 14 treatment decisions
- Asked providers and patients to pick the top three
- Providers focused on positive facts; patients wanted benefits and harms
- Providers and patients identified very different goals

Shared decision-making:

- Involves giving patients' information about clinical alternatives and an opportunity to express their preferences
- Includes use of patient decision aids
- Used in cases where medical evidence is unclear about which of several treatment options is best
- Aims to improve decision quality and reduce unwarranted variation in care

Physicians generally have a positive attitude towards shared decision-making

- Major benefit is that it increases patient understanding of their condition and treatment options
- Major barrier to use is concern that it would interfere with office work

Site visits to see how programs can be implemented without disrupting office

- Dartmouth Hitchcock Medical Center – focus on specialty care
- Massachusetts General Hospital – focus on primary care
- Both programs use decision aids developed and maintained by the Foundation for Informed Decision-Making

In both sites:

- Organizers' goal is to integrate shared decision-making into clinical practice
- Programs are physician-led initiatives but physicians are not necessarily involved in day to day operations
- Programs have more impact when there is a feedback loop
- Information technology facilitates program

Shared decision-making program for breast cancer patients at DHMC

- Part of a comprehensive coordinated care system for newly diagnosed breast cancer patients
- Patients automatically prescribed decision aid upon diagnosis
- Counselors help patients with material
- Physicians receives results of patient survey and comprehension measures before appointment

Implementing program in primary care is challenging

- Specialists are more likely to have a limited number of relevant decision aids
- Decision aids used in primary care may be less salient to patients
- Specialists are more likely to get results of patients' response to decision aid

Future work

- How do payment system incentives affect the adoption of shared decision-making programs?
 - ACOs
 - Medical home
 - Episodes of care
- Studying Washington State demonstration project

Questions for discussion

- Do you have any suggestions for our beneficiary-centered agenda?
- How can shared decision-making programs best be used in primary care?
- Is widespread adoption of shared decision-making possible given the incentives of a fee-for-service payment system?